

1044 U.S. PTO
10/1/10

7-12-01

PTO/SB/05 (08/00)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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10/11/01
52992
PRO

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	050320-1020
First Inventor	Roman et al.
Title	SYSTEM AND METHOD FOR PROVIDING PATIENT CARE MANAGEMENT
Express Mail Label No.	EL789318202US

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents

ADDRESS TO:Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231 APPLICANT REQUESTS EARLY PUBLICATION UNDER 37 CFR 1.219 (additional fee)

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification (preferred arrangement set forth below)	a. <input type="checkbox"/> Computer Readable Copy (CRF)
[Total Pages] 22	
b. <input type="checkbox"/> Specification Sequence Listing on	
i. <input type="checkbox"/> CD-ROM or CD-R (2 copies), or	
ii. <input type="checkbox"/> Paper	
c. <input type="checkbox"/> Statements verifying identity of above copies	

ACCOMPANYING APPLICATION PARTS		
4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113)	[Total Sheets] 5	9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & Documents(s))
5. Oath or Declaration	[Total Pages] 2	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney
a. <input checked="" type="checkbox"/> Newly Executed (original or copy)		11. <input type="checkbox"/> English Translation Document (if applicable)
b. <input type="checkbox"/> Copy from a prior application (37 CFR §1.63(d)) (for continuation/divisional with Box 18 completed)		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)		13. <input type="checkbox"/> Preliminary Amendment
		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
		15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
		16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent
		17. <input type="checkbox"/> Other: _____

6. Application Data Sheet. See 37 CFR 1.76Assignee
Name and Address
(if applicable)

18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part (CIP)

of prior application No: /

Group / Art Unit: _____

Prior application information: Examiner _____

For CONTINUATION OR DIVISIONAL APPS only, the entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. This incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts

18. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label

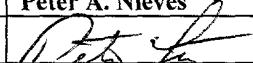
24504

(Insert Customer No. or Attach bar code label here)

or

Correspondence address below

NAME	Scott A. Horstemeyer; Reg. No. 34,183 Thomas, Kayden, Horstemeyer & Risley, L.L.P.		
ADDRESS	100 Galleria Parkway Suite 1750		
CITY	Atlanta	STATE	Georgia
COUNTRY	U.S.A.	TELEPHONE	770-933-9500
ZIP CODE	30339-5948		
FAX	770-951-0931		

Name (Print/Type)	Peter A. Nieves	Registration No. (Attorney/Agent)	48,173
Signature		Date	7/11/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$ 858.00)

Complete If Known

Application Number	To Be Assigned
Filing Date	Herewith
First Named Inventor	Roman et al.
Examiner Name	To Be Assigned
Group / Art Unit	To Be Assigned
Attorney Docket No.	050320-1020

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge to the following Deposit Account.
 Deposit Account Number 20-0778

Charge all indicated fees and any additional fee required or credit any overpayment
 Charge any additional fee required and requested to credit any overpayment Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:
 Check Money Order Credit Card

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	\$710
106	320	206	160	Design filing fee	\$
107	490	207	245	Plant filing fee	\$
108	710	208	355	Reissue filing fee	\$
114	150	214	75	Provisional filing fee	\$
SUBTOTAL (1)				(\$710)	

2. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims	26	-20** = 6 x 18.00 = 108	108
Independent Claims	3	-3** = 0 x 80.00 = 0	0
Multiple Dependent		270.00	

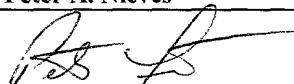
**or number previously paid, if greater; For Reissue, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent Claims in excess of 3
104	270	204	135	Multiple dependent claims in excess of 3
109	80	209	40	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				(\$108)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) 40

Complete (if applicable)

SUBMITTED BY				Reg. Number	48,173
Typed or Printed Name	Peter A. Nieves				
Signature		Date	7/1/01	Deposit Account User ID	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231.

PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Roman et al.

For: SYSTEM AND METHOD FOR PROVIDING PATIENT CARE MANAGEMENT

CERTIFICATE OF EXPRESS MAIL

Assistant Commissioner for Patents
BOX: Patent Application
Washington, D.C. 20231

Sir:

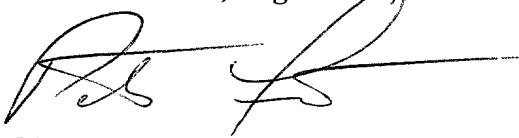
Enclosed for filing in the above case are the following documents:

Return Postcard
Utility Patent Application Transmittal Page
Fee Transmittal Page
Utility Patent Application Consisting Of:
15 Pages of Specification
6 Pages of Claims
1 Pages of Abstract
5 Pages of Formal Drawings
Declaration/Power of Attorney
Assignment and Assignment Coversheet
Check in the amount of \$858.00

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

Respectfully submitted,

Peter A. Nieves, Reg. No. 48,173



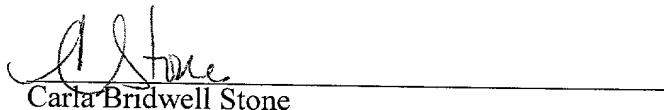
**THOMAS, KAYDEN, HORSTEMEYER
& RISLEY, L.L.P.**
100 Galleria Parkway, N.W.
Suite 1750
Atlanta, Georgia 30339-5948

Our Docket No: **050320-1020**

I hereby certify that all correspondences listed above are being deposited for delivery to the above addressee, with the United States Postal Service "**EXPRESS MAIL POST OFFICE TO ADDRESSEE**" service under 37 CFR §1.10 on the date indicated below:

The envelope has been given U.S. Postal Service "Express Mail Post Office To Addressee" Package # **EL789318202US**.

Date: July 11, 2001



Carla Bridwell Stone